



ST. CHARLES POLICE DEPARTMENT

ALARM USER PERMIT APPLICATION

Return to St. Charles Police Department via Mail, E-mail or FAX
211 N. Riverside Avenue, police@stcharlesil.gov, 630.377.1078



PLEASE PRINT OR TYPE

CHECK ONE: ☐ RESIDENCE ☐ BUSINESS ☐ FINANCIAL INSTITUTION

(QUESTIONS 1 -3 TO BE COMPLETED BY BUSINESS/FINANCIAL ESTABLISHMENTS ONLY.)

1. BUSINESS NAME:

2. BUSINESS ADDRESS:

3. BUSINESS TELEPHONE NUMBER:

4. FULL NAME OF APPLICANT:

5. APPLICANT HOME ADDRESS:

6. APPLICANT HOME PHONE NUMBER: : - -

7. TYPE OF ALARM: ☐ HOLD UP ☐ BURGLARY ☐ PANIC BUTTON

8. OUTSIDE AUDIBLE ALARM? ☐ YES ☐ NO

9. ALARM COMPANY WHO MONITORS ALARM (CENTRAL STATION)

A. NAME:

B. ADDRESS:

C. TELEPHONE NUMBER: - -

10. PEOPLE ABLE TO RESPOND TO AND DEACTIVATE ALARM SYSTEM:

A. NAME, ADDRESS, AND TELEPHONE NUMBER:

B. NAME, ADDRESS, AND TELEPHONE NUMBER:

C. NAME, ADDRESS, AND TELEPHONE NUMBER:

11. IN THE EVENT OF ANY ALARM ACTIVATION I AUTHORIZE THE ST. CHARLES POLICE DEPARTMENT TO MAKE ENTRY AND CHECK THE PREMISES WHEN SUSPICIOUS CIRCUMSTANCES EXIST

12. ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE POLICE DEPARTMENT TO BE AWARE OF

APPLICANT SIGNATURE

DATE

PLEASE NOTIFY THE ST. CHARLES POLICE DEPARTMENT IMMEDIATELY IF THERE ARE ANY CHANGES.